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Assignment or Pocket Number  
09 / 780922

**Substitute for Form P10-875**

(Column 1)

(Column 2)

**SMALL ENTITY**

**CR**

**OTHER THAN  
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.164)		
TOTAL CLAIMS (37 CFR 1.164c)	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.164d)	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		(37 CFR 1.164d)

RATE	FEE
	\$ _____
\$ _____	
\$ _____	
\$ _____	
<b>TOTAL</b>	

	RATE	FEE
OR		\$ _____
OR	at \$ _____	
OR	at \$ _____	
OR	at \$ _____	
OR	TOTAL	

\* If the difference in column 1 is less than zero, enter "U" in column 2.

**IF 2 CLAIMS AS AMENDED - PART II**

4/21/05

**(Column 1)**

(Column 2)

**Column J1**

**SMALL ENTITY**

on

**OTHER THAN  
SMALL ENTITY**

AMENDMENT #	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR § 1.602)	19	Minor	**	0
Independent (37 CFR § 1.603)	1	Major	***	0

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR § 1.6002)

RATE	ADDITIONAL FEE
RS _____	
RS _____	
RS _____	
<b>TOTAL ADDL FEE</b>	

	RATE	ADDITIONAL FEE
OR	\$ _____	
OR	\$ _____	
OR	\$ _____	
OR	TOTAL ADOL. FEE	

12/11/05 (Column 1)

**(Column 2)**

(Column 3)

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RATE	ADD-
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AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (21 CFR 4.102-B)	1	Minus	**	"
Independent (21 CFR 4.102-B)	1	Minus	***	"

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.104(f))

RATE	ADDITIONAL FEE
\$ _____	
\$ _____	
\$ _____	
TOTAL ADD'L FEE	

	RATE	ADDITIONAL FEE
OR	\$ <u>          </u> %	
OR	\$ <u>          </u> %	
OR	\$ <u>          </u> %	
OR	<b>TOTAL ADD'L FEE</b>	

11/4/05 (Column 1)

Column 2)

(Column 3)

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CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (31 CFR 1.1003)	---	•
Independent (31 CFR 1.1008)	---	•

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.1003)

RATE	ADDITIONAL FEE
X 1 _____	
X 1 _____	
+ \$ _____	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
\$ _____	
\$ _____	
\$ _____	
TOTAL ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "U" in column 3.

\* If the "Highest Number Previously Paid For" on THIS SPACE is less than 20, enter "20".

The Michael Hunter/Providence Paid For (Total of Expenditures) is the highest among

collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing this form, call 1-800-PTO-9199 and select option 2.**